LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



FOR OFFICE USE ONLY

Postmark Date:

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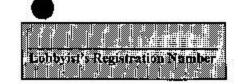
Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, [504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.
- Complete employer verification form(s) must be submitted for each additional representation.

☐ Terminated Representation as of

 requiring registration. It must be submitted within 10 days of any terminations of employment or representations. Complete employer verification form(s) must be submitted for each additional representation. 	No Ennoyable
	1A15000
I. NAME Cagnolatti, David A.	12 00,014
Last First MI	12.30
2. BUSINESS PHONE (504) 344-0381	i s
3. BUSINESS ADDRESS 307 France Street Baton Rouge, LA Street and No. City - State	Zin CSS
4. EMPLOYER Harris, DeVille & Associates, Inc.	500,4 00 00 00 00 00 00 00 00 00 00 00 00 00
5. EMPLOYER'S ADDRESS same as above	Postmater
Street and No. City S	tate Zip 3/77(08
6. Have you coased or terminated all lobbying activities requiring registration? Yes	
7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or person, group, or organization listed; (c) the type of business each is engaged in or the group; (d) whether or not the client or someone clee pays you to lobby; and (e) the date 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PER EMPLOYS YOU. THOSE FORMS MUST MATCH THE NAMES ADDED BELOW.	purpose or function of the organization or e of termination if applicable. R.S. RSON YOU REPRESENT OR WHO
1. Name Crown Vantage	36
Address P.O. Box 218 St. Francisville, LA 7077	5
Business or purpose <u>manufacturer</u>	5 2000 V
New Representation Does this person pay you? Yes	
If No, who pays you?	
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* SUPPLEMENTAL REGISTRATION FORM



2.	Name Rhone Poulenc Ag Company
	Address P.O. Box 12014 Research Triangle Park, NC 27709
	Business or purpose manufacturer
	New Representation Does this person pay you? Yes
	If No, who pays you?
	Terminated Representation as of
3.	Name
	Address
	Business or purpose
	New Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of
Št	ate of Louisiana
Pa	rish of East Baton Rouge
В	afore me, the undersigned authority, personally came and appeared Divid Cagnolulli, who,
af	ter being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.
	Signature of Lebbyist
S	worn to and subscribed before me on this 27 day of Morek, 1975.
	Motory Publish